

STATEMENT OF
THOMAS C. McGRIFF
AMVETS NATIONAL COMMANDER
&
WILLIAM A. BOETTCHER
AMVETS PAST NATIONAL COMMANDER



Before a Joint Session of
The Committees on Veterans' Affairs

**United States Senate and
U.S. House of Representatives**

March 29, 2007



Tom McGriff
AMVETS National Commander
2006-2007

Tom McGriff was elected national commander of AMVETS on Aug. 20, 2006 at the organization's 62nd national convention in Reno, Nev.

A life member of Post 76 in Irving, Texas, near Dallas, Commander McGriff has held leadership positions at national, state and local levels of AMVETS, including national first vice commander, national second vice commander, national finance officer, state department commander as well as commander of Post 76. He joined AMVETS in 1991 after spending more than 30 years with the US Navy.

Commander McGriff has dedicated his life to military service and to helping veterans. Born Dec. 15, 1940 and raised in the farming community of Three Rivers, Texas, halfway between San Antonio and Corpus Christi, he entered the U.S. Navy in 1959. He was initially assigned to the USS *Tiru*, a World War II diesel electric submarine based in Pearl Harbor. He patrolled waters off the coasts of the Philippines, Hong Kong and Japan and received an Armed Forces Expeditionary Medal for his involvement in a skirmish that took place in the disputed islands of Quemoy and Matsu in the Taiwan Strait.

Commander McGriff was subsequently assigned to the USS *Ethan Allan*, the nation's first of its class Polaris submarine, which was armed with 16 nuclear missiles. Serving as a fire control technician, he patrolled the North Atlantic as part of a deterrent force during the Cuban Missile Crisis. He was also involved in the first and only test firing of a live Polaris nuclear missile in the Pacific Missile Range. He later served on the USS *Patrick Henry* and completed two terms as a Navy recruiter before retiring from the military in the late 1980s. He currently resides in Mesquite, Texas, with his wife, Linda.



**STATEMENT OF THOMAS C. McGRIFF
AMERICAN VETERANS (AMVETS) NATIONAL COMMANDER**

**BEFORE A JOINT SESSION OF THE COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE
UNITED STATES HOUSE OF REPRESENTATIVES**

March 29, 2007

Chairman Akaka, Chairman Filner, Ranking Member Craig, Ranking Member Buyer and members of the House and Senate Veterans' Affairs Committee. I am Tom McGriff, National Commander of AMVETS. I am pleased to present our legislative agenda for 2007. On behalf of AMVETS, the AMVETS Ladies Auxiliary, the Sons of AMVETS and our other subsidiary organizations, thank you for giving us this opportunity.

I hail from the great State of Texas. I proudly joined AMVETS in 1991 after serving more than 30 years with the United States Navy. I have dedicated my life to military service and to helping veterans. Today is no exception. For more than 60 years, this organization has taken to heart the doctrine of providing our fellow veterans with the type of support they truly deserve. From the professional advice of our service officers, to our legislative efforts on Capitol Hill, to the thousands of AMVETS volunteers, we are involved, active, and committed to improving the quality of life in our local communities.

Last October, AMVETS hosted the "National Symposium for the Needs of Young Veterans" in Chicago, Illinois. More than 500 veterans, active duty and National Guard and reserve personnel, family members, and others who care for veterans examined the growing needs of our returning veterans. The Symposium examined 39 pressing issues that fall under four major areas of concern: homelessness, health care, employment and benefits. The participants drafted 120 recommendations to address these issues.

AMVETS has prepared and published a copy of our final report titled "Voices for Action: A Focus on the Changing Needs of America's Veterans." Copies of the report have been provided to you and your staff. The recommendations contained in the report will drive AMVETS' priorities over the next several years. Our Past National Commander and Symposium Co-Chair, Mr. Bill Boettcher, will speak in more detail about the Symposium after I conclude my remarks.

Mr. Chairman, there is a new congressional majority, some new faces in the halls of Congress and also on the Veterans' Affairs Committees. Despite these political changes, the overriding need of our veterans ultimately remain the same – the opportunity to make a successful and meaningful transition from active duty back into the civilian community. For some veterans, this will mean access and utilization of the GI Bill education programs. For others it will mean access to adequate health care. And, for those who were injured in the line of duty, it will require disability and compensation and other types of spe-

cial care and services. I know that there are differences on how best to meet the needs of our veterans. However, one of my goals as Commander is to encourage an open dialogue that removes veterans' issues from party politics here on Capitol Hill.

One of the obligations of AMVETS, as outlined in the organization's Constitution, is the requirement "to act as a liaison agent between the veteran and the government." We will not waiver in this endeavor. Despite the changes in Congress, we will continue to dedicate ourselves to the service of all veterans and their families. AMVETS will continue to fight for open health care enrollment, mandatory veterans' health care spending, improved access to benefits and services and Seamless Transition.

Mr. Chairman, for far too long, VA budget hearings and veterans issues have been utilized for political grandstanding. The simple fact remains that Congress has a moral and legal responsibility to provide appropriate funding for the Department of Veterans Affairs. Funding the federal government is a congressional responsibility and not an Executive Branch responsibility. Simply put, "Congress has the power of the purse."

Mr. Chairman, in May 2001, President George W. Bush signed Executive Order 13214 creating the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans (PTF). The charge to the task force was to identify ways to improve health care delivery to Department of Veterans Affairs (VA) and Department of Defense (DoD) beneficiaries through better-coordinated and improved business practices. In May 2003, the PTF issued its final report and recommendations. Recommendation 5.1 stated:

The Federal Government should provide full funding to ensure that enrolled veterans in Priority Groups 1 through 7 are provided the current comprehensive benefit in accordance with VA's established access standards. Full funding should occur through modifications to the current budget and appropriations process, by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal.

Recent history demonstrates why Congress should pass legislation to make VA health care funding mandatory spending. In fiscal year 2005, VA faced a \$1.3 billion shortfall in spending and Congress had to include additional funding in an emergency supplemental appropriations. For fiscal year 2007, Congress failed to pass the annual VA spending bill and now the department is operating under a Continuing Resolution that is well below the fiscal year 2007 requested levels.

Looking at the administration's budget request for fiscal year 2008, VA requests \$34.2 billion for veterans' health care, a \$1.9 billion increase over the continuing resolution. AMVETS, along with our Independent Budget partners, recommends Congress provide \$36.3 billion to fund VA medical care for fiscal year 2008, an increase of \$4 billion over the current Continuing Resolution and \$2.1 billion over the administration request.

Mr. Chairman, AMVETS believes that mandatory or assured funding is a realistic and necessary solution to the annual funding problems at the Department of Veterans Affairs. With the exception of VA and the Military Health Care System, most Federal health care spending is already mandatory in nature.

We will remain insistent about the funding the needs of the VA health care system. I would like to clearly state that AMVETS along with its Independent Budget partners strongly supports shifting VA healthcare funding from discretionary funding to mandatory. We believe that moving to mandatory funding would give certainty to healthcare services.

Mr. Chairman, the central issue to the mandatory funding debate is whether or not service-connected veterans are entitled to receive medical care for their service-connected injuries or illnesses. According to Congress, veterans are “entitled” to receive VA medical care for the service-connected injuries or illnesses. Let me be very clear. If veterans have filed a claim for damages against the government for injury or illness incurred while serving in uniform, and the government legally accepts or grants a veteran’s claim then the funding to provide health care for these damages should be assured.

Over the last several years, there have been repeated calls by key lawmakers to implement mandatory funding for VA health care. There have been press conferences and numerous hearings where Members of Congress have explicitly expressed their support for mandatory spending for VA health care. AMVETS believes that now these Members of Congress have a responsibility to fulfill their promises – to include the promise of mandatory funding for VA health care. AMVETS is anxious to work with both House and Senate Leadership to help fulfill their commitment to make veterans health care funding mandatory spending.

Mr. Chairman, we reaffirm our belief that VA should re-open enrollment for the Priority 8 that are now “locked-out” of the system. The present uncertain access status and funding of Priority Group 8 veterans is unacceptable. Individual veterans have not known from year to year if they will be granted access to VA care and the President and Congress should work together to solve this problem.

The issue of non-service connected veterans accessing VA health care is not new. Since colonial times, this country has pledged its continued support for medical care and other benefits for those who served in the military. During the 1920s, three federal agencies—the Veterans Bureau, the Bureau of Pensions in the Interior Department, and the National Home for Disabled Volunteer Soldiers—administered various benefits for the nation’s veterans. The Congress, in 1924, gave wartime veterans with non-service-connected conditions access to Veterans’ Bureau hospitals. With the establishment of the Veterans Administration (VA) in 1930, previously fragmented care for veterans was consolidated under one agency. Over the years, Congress expanded eligibility for hospital care and it was gradually extended to wartime veterans with low incomes; then, in 1973, to peacetime veterans with low incomes; and finally, in 1986, to higher-income veterans.

In 1996, Congress passed and the President signed H.R. 3118, the Veterans’ Health Care Eligibility Reform Act. This veterans’ health care bill updated and simplified many of the outdated and existing eligibility rules in effect at that time. Most importantly, the bill established a “medical need” as the sole test for veterans who enroll for care with VA. In short, veterans have generally always had access to the VA health care system and they should not now be denied access because of a lack of funding; especially if they are willing to pay for these health care services.

We are opposed to the Administration’s request to once again recommend an increase in prescription drug co-payments from \$8 to \$15, and an indexed enrollment fee, based on veteran incomes. AMVETS believes that these proposals are intended to drive veterans from the VA health care system. A loss of VA enrollees would most likely result in a significant decrease in third-party reimbursements. Congress has soundly rejected these proposals in the past, and we ask you do the same this year.

We believe the VA has a special obligation to care for veterans suffering from PTSD. VA operates a network of more than 190 specialized PTSD outpatient treatment programs throughout the country. Vet Centers are seeing a rapid increase in their enrollment. Mental and emotional problems can be just as devastating as physical wounds, but getting a handle on PTSD’s extent is tremendously difficult. That’s why it is so important that the needs of veterans with mental health be met. Therefore, AMVETS recommends Congress double the resources earmarked for veteran mental health services in five years.

Equally important, AMVETS is concerned about the lack of awareness and screening among health care professionals for Traumatic Brain Injury (TBI). It has been reported that about 10 percent of all service personnel, and up to 20 percent of frontline personnel, suffer concussions during combat tours. Studies show that multiple concussions can lead to permanent brain damage. PTSD and TBI clinically present the same symptoms. However, the treatments are considerably different. AMVETS would encourage the Department of Veterans Affairs to establish an education and diagnostic screening program for Traumatic Brain Injury.

AMVETS is also opposed to increasing TRICARE premiums and deductibles. The unique package of military retirement benefits – to include premium health care coverage – is a benefit that is extended to military retirees for enduring a career of personal and family sacrifice. It is also important to recognize that rising health care costs are a national problem and not a reflection of misuse or over use by the military community. Simply put, the growing cost of military health care is indicative of the overall national trend.

In addition, much of the recent increase in health care costs are the result of Congress, spearheaded by some on this Committee, to correct previous shortfalls and inequities in military quality of life programs – including easing the double-digit military “pay gap” and correcting the unconscionable situation before 2001 when military beneficiaries were summarily dropped from TRICARE coverage at age 65.

Mr. Chairman, the military profession is still a “people business,” and “boots on the ground” will always be essential to any conflict. Recruiting quality personnel will continue to be an issue and attractive benefits are part of the cost of doing business.

AMVETS believes it is also grossly unfair for disabled military retirees to forfeit a dollar of their retired pay for every dollar they receive in VA disability compensation. A disabled veteran who has served this country for 20 years should not be penalized for choosing a military career over a civilian career. In fact, no other category of federal employee faces the same restriction on disability and retirement pay. Again, because of action by some on this Committee, Congress has enacted legislation to incrementally correct this inequity. We thank you for these past efforts and we would urge this Congress to fully enact concurrent receipt legislation.

AMVETS firmly believes that service-connected disabled veterans should receive fair, timely, and appropriate compensation for their injuries. We fully support initiatives that would raise the rates of veterans’ compensation to keep pace with the rising cost-of-living in this country or efforts to automatically increase veterans’ disability benefits each year by the Consumer Price Index (CPI), without an act of Congress.

AMVETS is working with a broad coalition of VSOs and we are committed to ensuring full access to employment opportunities for our nation’s veterans. It is important that programs and policies at the federal level continue to help veterans establish private businesses, and give them priority in employment opportunities. We believe the Transition Assistance Program (TAP) is a quality program and a key component in the assimilation of veterans into the workforce. However, we would like to see greater participation from the National Guard and Reserves.

The Department of Defense estimates that 68 percent of separating service members attends full TAP seminars, but only 35 percent of the Reserve Components attend. Countless numbers of National Guard and Reserve troops return from the war only to encounter difficulties with their federal and civilian employers at home. AMVETS encourages Congress to explore ways to make TAP participation

mandatory for active duty military as well as for those in the Guard and Reserves. We would also encourage continued oversight over the Uniformed Services Employment and Reemployments Rights Act.

We are greatly disappointed that Congress authorized private attorneys to access VA and charge veterans for representation in veterans' disability claims. The Veterans Benefits Administration has indicated allowing attorneys to represent veterans will only complicate and lengthen the resolution of veterans' disability claims. AMVETS has 58 National Service Officers located across the country whose sole job is to aid veterans with their claim. We can provide – free of charge – a more thorough and complete representation for veterans and their families. We do not have any financial interests in a claim and we know the VBA system. I ask that this Committee review its decision, and rescind the measure.

Regarding claims - the backlog is way over the 600,000 mark and it continues to grow at a rapid rate. Rather than making headway and overcoming the chronic backlog, VA has lost ground on the problem. By VA's estimates, over 263,000 OEF/OIF veterans will seek VA services; most of them will want to file a claim. Secretary Nicholson has said that reducing the backlog is one of VA's highest management priorities.

The reasons for the claims backlog are many – veterans repeatedly filing claims, a lack of quality control, misplaced or lost documentation and a lack of staffing. Overall, AMVETS believes that a lack of quality control is central to this issue. VA must establish a long-term strategy focused on attaining quality and not merely achieving quotas in claims processing. VBA can greatly reduce the backlog by hiring more staff, initiate quality training programs, and most importantly, institute an accountability program. Therefore, AMVETS recommends funding levels in fiscal year 2008 that are adequate to meet the real staffing and other needs of the VBA.

In addition, AMVETS would encourage the VA to expand the practice of putting adjudication officers in VA offices aboard active duty military bases. For example, VA has an office aboard Camp Lejeune, NC. The office is staffed with qualified contract medical personnel and full-time VA claims adjudicators. Separating servicemembers are provided compensation exams on base. Many claims are adjudicated and issued a temporary a temporary rating decision pending receipt of a DD-214. Once discharged, many new veterans are receiving compensation and disability benefits within 30 days of final release from active duty.

Unfortunately, VBA centralized the process of awarding a final decision from a veterans' local regional office to either Winston-Salem, NC or Salt Lake City, UT depending on the geographic location of a veterans' home of record. This has geographically separated the veteran and the veteran's local legal representation from effectively working the claim.

The AMVETS would also like for the Committees to hold DOD and VA accountable for making "Seamless Transition" a reality. Despite years of collaboration on a single separation physical and the development of the Benefits Delivery at Discharge exam, DOD and VA still conduct separate separation physicals and separate compensation and pension exams. Furthermore, separation physicals are still not mandatory. Congress should require the DOD to conduct mandatory separation physicals and also require DOD to utilize the BDD that was jointly developed and agreed to by both agencies.

Congress should also encourage the continued collaboration and sharing of electronic medical records. AMVETS fully understands that the VA and DOD are two distinct and separate health care systems. While there has been progress in the sharing of electronic data between the two agencies, progress is still limited. The technology is clearly available for complete electronic medical records collaboration and now is the time for this to become a system-wide reality.

I would be remiss if I did not mention the recent revelations regarding patient conditions at Walter Reed Army Medical Center. These conditions are unacceptable and AMVETS supports the President's recent announcement. However, AMVETS is deeply disturbed that the media has unilaterally "lumped" problems with the military health care system into the same arena of the VA health care system. For every reported horror story about VA health care, there are hundreds of thousands of good stories that are not being reported. Simply put, VA offers some of the best health care in the world and many veterans choose the VA health care system over private plans. The real tragedy in this sad story is the fact that wounded service personnel are having to endure an extremely long and complex bureaucratic process to transition from the Department of Defense health care system to the VA health care system. In short, there is a lack of seamlessness.

Mr. Chairman, the National Cemetery Administration (NCA) has done a tremendous job of improving the character and condition of our nation's cemeteries. However, the system continues to be seriously challenged. Adequate resources and developed acreage must keep pace with the increasing demand. The NCA expects to perform 105,000 interments in 2008, an 8.4 percent increase since 2006. By 2009 annual interments are expected to reach 117,000. AMVETS strongly recommends that Congress establish a 5-year \$250 million National Shrine Initiative to restore and improve the conditions of our national cemeteries.

AMVETS also feels it is time to review a series of burial benefits that seriously eroded in value over time. Burial benefits were never intended to cover the full cost of burial. However, these costs now only cover about 6 percent of what they covered in the early 1970s. With a few modest adjustments, these benefits will make a more meaningful contribution to the burial costs for our veterans.

AMVETS supports legislation that would award a military service medal to members of the Armed Forces who served honorably during the Cold War Era. Presidents going back to Truman have recognized the significance of the Cold War. By creating the Cold War Victory Medal, this nation would certainly demonstrate its great respect and appreciation for the men and women who carried the burden of this policy.

It is also time to increase the travel reimbursement rate for our veterans. Right now, injured veterans receive just a small fraction of the expenses they incur while traveling to VA. In many cases, after the \$6 roundtrip deductible is subtracted, veterans receive nothing for their expenses. AMVETS supports legislation that would eliminate the deductible and equate the mileage reimbursement with the federal employee rate.

As a member of the Citizens Flag Alliance, we continue to strongly support a constitutional amendment to protect our most sacred symbol. All 50 state legislatures have passed resolutions asking Congress to submit the flag amendment for ratification. We hope that a new flag protection amendment bill will be introduced and voted on quickly this Congress. It is time the voice of the American people be heard on this issue.

I would now like to briefly highlight some quality programs within the AMVETS organization that are making a difference in local communities. Since its inception in the 1950s, the AMVETS National Scholarship Program has awarded more than \$2 million in scholarships to graduating high school students. For the past 19 years, AMVETS has sponsored a youth leadership program in cooperation with the Freedom's Foundation at Valley Forge, Pennsylvania, that has served more than 800 youth to date.

At the Department of Veterans Affairs, AMVETS is proud to serve on the National Advisory Committee of Veterans Affairs Voluntary Service Program. Last year, more than 3,000 AMVETS, Ladies Auxiliary

and Sons volunteers tallied over 208,000 hours of voluntary service at 146 VA Medical Centers. In addition, some 105,000 AMVETS from across the country invested more than 692,000 hours in helping veterans and providing an array of community services to enhance the quality of life for our nation's citizens. I am pleased to report that based on The Independent Sector Formula, AMVETS provided in excess of \$22 million in voluntary service to the local community. These are just a few examples of the good work our people are doing out in the field.

Mr. Chairman, our obligations are many. I look forward to working with all of you to ensure the long-term sustainability of our veterans programs.

Again, thank you for extending me the opportunity to appear before you today, and thank you for your support of veterans. I hope all of you will be able to join us tonight for our annual congressional reception and Silver Helmet presentation to The Honorable Michael Michaud of Maine, to be held in room 345 of the Cannon House Office Building from 5:30 to 7:00 p.m.

This concludes my testimony.

Thank you.



**STATEMENT OF WILLIAM A. BOETTCHER
AMVETS PAST NATIONAL COMMANDER**

**BEFORE A JOINT SESSION OF THE COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE
UNITED STATES HOUSE OF REPRESENTATIVES**

March 29, 2007

I am here today to report to you on the National Symposium for the Needs of Young Veterans held in Rosemont, Illinois, last October. AMVETS hosted the Symposium and over 430 veterans from throughout the United States attended. Some were members of Veteran Service Organizations (VSO), and others were not. The purpose was to review the needs of young veterans and federal veteran benefits programs in order to make recommendations to improve these programs.

I would like to publicly thank the Department of Defense, the Department of Homeland Security, the Department of Justice, the Department of Labor, the Department of Veteran Affairs and the Office of Personnel Management. These federal agencies provided invaluable support to the Symposium and their efforts are greatly appreciated.

The Symposium divided into 26 separate work groups in four different areas: Veteran Benefits, Veteran's Preference in Employment, Veteran Health Care, and Veteran Homelessness. After two very intensive days, the working groups provided our Steering Committee a host of different issues and also made numerous recommendations. These issues and recommendations are contained within the report "Voices for Action: A Focus on the Changing Needs of America's Veterans." The report has been delivered to all member congressional offices on Capitol Hill.

Not every issue or recommendation is relevant to every federal agency or will require congressional action. Member offices were provided a copy of a memorandum that was sent to the Chairmen and the Ranking Members of this Joint Committee that specifically addresses thirty-one of these issues and thirty-seven recommendations that will either require congressional oversight or legislative action. I will briefly highlight eight "Hot Issues". These are:

- Extending priority VA health care for returning combat veterans
- Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)
- Seamless Transition
- Eliminating the Department of Veterans Affairs (VA) claims backlog
- Modernizing the Montgomery GI Bill
- Oversight on veterans' preference statutes to ensure congressional intent
- Licensing and Credentialing
- Homelessness

VA Eligibility for Service in the Persian Gulf War/Future Hostilities

Following the first Persian Gulf War, and partially in response to the unexplained illnesses among those who served, Congress enacted the Veterans Programs Enhancement Act of 1998 (Public Law 105-368). This law gave two-year priority eligibility for health care to any veteran who served in a theater of combat following discharge or deactivation from active duty. The original intent was to ensure health care for servicemembers after their active duty health care benefits ended.

Since 2001, an average of 157,800 servicepersonnel have been discharged or deactivated per year. This legislation will help the existing 315,600 veterans who have now been discharge for more than two years but fewer than five years. Two years is often insufficient time for symptoms related to PTSD and other mental illnesses to manifest. In many cases, it takes years for such symptoms to present themselves, and many servicemember do not immediately seek care. Experts predict that up to 30 percent of OEF/OIF servicemembers will need some type of readjustment services. Five years would provide a bigger window to address these risks.

Continued eligibility would allow veterans to receive hospital care, medical services, or nursing home care provided by the Secretary of Veterans Affairs, notwithstanding a lack of evidence to conclude that their condition is attributable to such service. AMVETS fully supports the passage of legislation to extend the two-year priority enrollment for OEF/OIF veterans.

PTSD and TBI

Mr. Chairman, today's battlefield is more medically complex. The advances in medicine, science and protective armor have resulted in a much higher percentage of servicepersonnel surviving once life-threatening injuries. The consequence for these great advances are the less evasive or "eye" apparent injuries that will torment surviving combatants to include PTSD and TBI.

The overarching problem for the Department of Defense (DOD) and the Department of Veterans Affairs (VA) is identifying symptoms due to TBI or PTSD because the symptomology can be similar. TBI is the result of a severe or moderate force to the head where physical portions of the brain are damaged and functioning is impaired. PTSD is a psychological condition that affects those who have experienced a traumatizing or life-threatening event such as combat, natural disasters, serious accidents, or violent personal assaults. Overall, TBI has its own unique medical origin that should be addressed through a multidisciplinary approach that recognizes TBI as physical injury to the brain.

VA is one of the world's foremost-recognized authorities on PTSD and the DOD has also made great strides in this area over the last several years. VA's focal point of excellence in PTSD has resulted in a comprehensive PTSD screening and treatment program. VA now operates a network of more than 190 specialized Post Traumatic Stress Disorder (PTSD) outpatient treatment programs throughout the country. Vet Centers are seeing a rapid increase in their enrollment.

I am extremely concerned about the lack of awareness and screening among health care professionals for Traumatic Brain Injury (TBI). It has been reported that about 10 percent of all service personnel, and up to 20 percent of frontline personnel, suffer concussions during combat tours. Studies show that multiple concussions can lead to permanent brain damage. And, as previously discussed, PTSD and TBI clinically present many of the same symptoms - fatigue, headaches, memory loss, poor attention/concentration, sleep disturbances, dizziness/loss of balance, irritability-emotional disturbances, feelings of depression, etc. The problem for medical personnel is trying to differentiae between PTSD and TBI.

Overall, VA's approach to PTSD is to promote early recognition of this condition for those who meet formal criteria for diagnosis and those with partial symptoms. The goal is to make treatments available early to prevent a lasting medical condition. The same must be done for TBI. While VA is actively making progress in this area, there are unique challenges. For example, there is no medical specific diagnostic code for TBI. Because of the nature of polytrauma injuries, patients are given more than one medical diagnostic code. I would recommend that the VA consider adopting or assigning a new medical code for TBI, similar to that of PTSD. I am also asking Congress to increase funding for PTSD and TBI, with an emphasis on funding for VA to develop improved screening techniques, specifically for TBI.

In addition, most VA treatment programs are designed around the male combat veteran. Today, a growing number of these combat veterans are women. Some are also victims of sexual trauma at the hands of their own comrades-in-arms. The current group treatment programs are not gender specific. We feel that victims of sexual trauma must be treated differently than the average combat veteran and that placing sexual trauma victims in groups that include men is just wrong. We would encourage Congress to consider reviewing VA's PTSD protocols to ensure gender specific forums and treatments when and where appropriate.

Seamless Transition

Many of the problems that veterans experience when transitioning to the VA health care system and the private employment sector evolve from the issue of "Seamless Transition." Many of the Symposium recommendations fall into this area. I know that there has been considerable interest in this issue by members of both the House and Senate Veterans' Affairs Committees. Unfortunately, there is still a lack of seamlessness between the VA and the DOD and this was a common theme throughout our Symposium.

The concept of Seamless Transition was codified into law in 1982, when Congress passed the Veterans Administration and the Department of Defense Health Resources Sharing and Emergency Operations Act. Since then there have been several internal working committees that have been created and renamed, first in 1996 and later in 2002 with the "re-naming" of the VA-DOD Health Care Resources Sharing Committee to the VA-DOD Executive Council.

In 2002, Congress mandated that two departments under secretaries head the Joint Executive Council, and in 2003, Congress codified the Joint Executive Council into law. Congress also directed the Secretary of Veterans Affairs and the Secretary of Defense to develop a joint strategic vision and a strategic plan to shape, focus, and prioritize the coordination and sharing efforts among the appropriate elements of the two departments.

In May 2003, the President's Task Force To Improve Health Care Delivery For Our Nations Veterans issued its final report. The task force recommended that VA and DOD develop and deploy by 2005, electronic medical records that are interoperable, bi-directional, and standards-based. The two departments have been working in exchange of patient health information electronically for now over nine years and only recently announced the pursuit of a joint electronic health record in January, 2007. The other key recommendations include the use of the Benefits Delivery at Discharge separation exam, and having Congress legislatively mandate DOD to conduct separation exams.

I strongly encourage continued congressional oversight on Seamless Transition, to include urging Members of the House and Senate Armed Services Committee to become more aggressively involved in this issue.

Claims Backlog

The Veterans Benefits Administration (VBA) admits to a “large inventory” of on hand claims. As of January 20, 2007, VBA had 398,647 “Scorecard Rating Cases” pending, and 154,617 “Scorecard Non-rating Cases” pending. This is an increase of over 8 percent and over 16 percent respectively, over this time last year. Total pending claims have increased almost 13 percent to 608,454. 170,110 claims have been pending for more than 180 days, an increase of approximately 30 percent over last year. On the appeals side, there are 155,442 claims pending, an increase of less than 3 percent.

As the number of OEF/OIF veterans continues to grow, so will the number of VA claims. I truly believe that we are now near a “culminating point” that will determine the future of VA claims for generations to come. Claims backlogs have spanned several Administrations and it is clear that the VA is either unwilling or unable to resolve this issue.

While veterans, the VSOs, the VA and the Congress all share responsibility for this debacle, what is very clear is that congressional intervention is now necessary. It is also very clear that the Department of Defense (DOD) has been absent in sharing responsibility for the backlog of VA claims. DOD must be forced to comply with congressional intent with regards to Seamless Transition. If Congress does not intervene, the system will fail.

The VSOs must also ensure that all veterans understand the claims process, the time frames involved, and the evidentiary requirements the veteran must meet. The VA must implement technological changes into the claims process (move from paper filing to electronic filing). VA also needs more, and better trained, claims adjudicators. Finally, VA needs “buy-in” from DOD – veterans are still making hard copies of their medical records and having to hand delivered them to the VA. This is unacceptable!

Montgomery GI BILL

The Congress of the United States has, for almost 70 years, been very forthright in providing a “GI Bill” for our service members. And, thanks to both the House and Senate Veterans’ Affairs Committees, there have been improved benefits over the last ten years. Unfortunately, payments to colleges on behalf of our veterans are taking longer to process. In some cases payments are taking so long that it causes a financial hardship to the veteran and the veteran’s family.

Congress must take steps to provide funding to the VA to ensure adequate staffing and adequate technological improvements so that payments are approved, processed, and disbursed within 35 days of receipt of the appropriate documentation. Additionally, Congress must ensure that this program is capable of maintaining parity, in a timely manner, with the rising costs of a college education.

Veterans Preference

Since the time of the Civil War, veterans of the Armed Forces have been provided some degree of preference in appointments to federal positions. Unfortunately, there are many misconceptions regarding veterans’ preference and veterans’ preference laws. By law, veterans who are disabled or who served on active duty in the Armed Forces during certain specified time periods or in military campaigns are entitled to preference over others in hiring from competitive lists of eligible persons and also in retention during reductions in force. Let me be very clear – veterans’ preference is not a “quota” or an affirmative action program. In order for veterans’ preference to apply, a veteran must be qualified for the target position. In short, veterans’ preference is merely a “tie-breaker” between two qualified ap-

plicants.

Unfortunately, the existing veteran's preference laws and regulations appear to be applied inconsistently across the spectrum of government. We would encourage Members of Congress to continue to demonstrate an interest in this issue and urge the appropriate committee's of jurisdiction to consider holding oversight hearings on this matter. Equally important, we would also like to see the Congress change various portions of the United States Code to more properly define the word veteran. Currently the Code provides five different definitions in seven separate statutes and three different definitions in three parts of the Code of Federal Regulations.

Licensing and Credentialing

One of the biggest problems facing our service members today is civilian employment. Many of these young men and women are highly trained and possess very specialized skills. Despite some of the best technical training and years of aggressively using their military occupational skill sets, civilian licensing and certifying agencies will not "certify or license" a veteran without additional training and education, or merely only accept partial training or experience.

We would like to thank the Committees for including language in Public Law 109-461 that authorized a pilot program within the Office of the Assistant Secretary for Veterans' Employment and Training (ASVET). Specifically, the pilot program would mandate a pilot program to carry out a demonstration project on credentialing for the purpose of facilitating the seamless transition of members of the Armed Forces from service on active duty to civilian employment. We look forward to working with the ASVET in this endeavor and encourage continued congressional oversight on the issue of civilian licensing and credentialing.

Homelessness

VA reports that as many as one-third of all homeless people are veterans, and that on any given day as many as 200,000 veterans are homeless. Overall, VA report that as many as 400,000 veterans experience homelessness during the course of a year. There are numerous reasons for homelessness, both within and beyond the control of these individuals. Most of these individuals want to be productive members of society

From my personal involvement in working with the homeless, homelessness is a national problem with local solutions. Local charitable organizations and local communities are often in a position to assist homeless individuals. However, they ultimately need access to resources to help homeless persons find adequate food, shelter, clothing and some type of a counseling program to help them find employment and readjust back into mainstream society. We continue to urge Congress to provide resources and oversight on homeless veterans programs.

In summary, we are very proud of the results of the Symposium, as *Voices for Action: A Focus on the Changing Needs of America's Veterans* is a report that was produced by veterans for veterans.

This concludes my testimony. Thank you.



William A. Boettcher
AMVETS National Commander
2004 – 2005

William A. Boettcher was elected national commander of AMVETS on Aug. 14, 2004, at the organization's 60th national convention in Spokane, Washington.

A life member of Post 1988 in Cincinnati, Ohio, Commander Boettcher has held leadership positions at all levels of AMVETS. After serving two terms as commander of the AMVETS Department of Ohio, the U.S. Marine Corps veteran of Vietnam served two terms as AMVETS national finance officer, then was elected as national second vice commander. Prior to his election as national commander, he held the position of national first vice commander.

While in Vietnam, Commander Boettcher served with Marine Air Group 11 of the First Marine Aircraft Wing. After his service in the Marine Corps, the commander earned an associate degree in engineering from the University of Cincinnati. He then spent nearly 20 years in corporate America before beginning a career as a service officer with the Hamilton County Veterans Service Commission, where he currently serves as executive director. Commander Boettcher is a 2005 inductee in the Ohio Veterans Hall of Fame.

A member of the Marine Corps League and Vietnam Veterans of America, Commander Boettcher serves on the board of trustees for the Friends of Fisher House at the Cincinnati VA Medical Center. He is also a life member of the American Legion, the Veterans of Foreign Wars and the Disabled American Veterans, and holds memberships in the Scottish Rite and Free and Accepted Masons.

He and his wife Sherry reside in Cincinnati's Delhi Township and have four children—Matthew and wife Amy, Andrew, Christopher and wife Andrea, and Sarah—as well as two grandchildren, Emma and Evan.



AMVETS Purposes

AMVETS has been proudly serving American veterans for more than half a century. Founded by World War II veterans, the organization has grown to where, today, its membership enrolls veterans from all eras—anyone who has honorably served in the United States Armed Force after Sept. 15, 1940, to include those on active duty as well as in the Reserve components.

The purpose and goals of AMVETS, as spelled out in the organization's 1947 congressional charter, still ring true today. Among these aims are:

- To preserve for ourselves and our posterity the great and basic truths and enduring principles upon which this nation was founded;**
- To maintain a continuing interest in the welfare and rehabilitation of disabled veterans and to establish facilities for the assistance of all veterans, to represent them in their claims before VA and other organizations;**
- To dedicate ourselves to the service and best interests of the community, state and nation to the end that our country shall be and remain forever a strong and free nation;**
- To encourage universal exercise of the voting franchise to the end that there shall be elected and maintained in public trust administered in the best interests of all people;**
- To advocate the development and means by which all Americans may become enlightened and informed citizens and this participate fully in the functions of democracy.**

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